

APPENDIX A

WELL DRILLER'S LOGS
TANNER LANE RANCH AREA



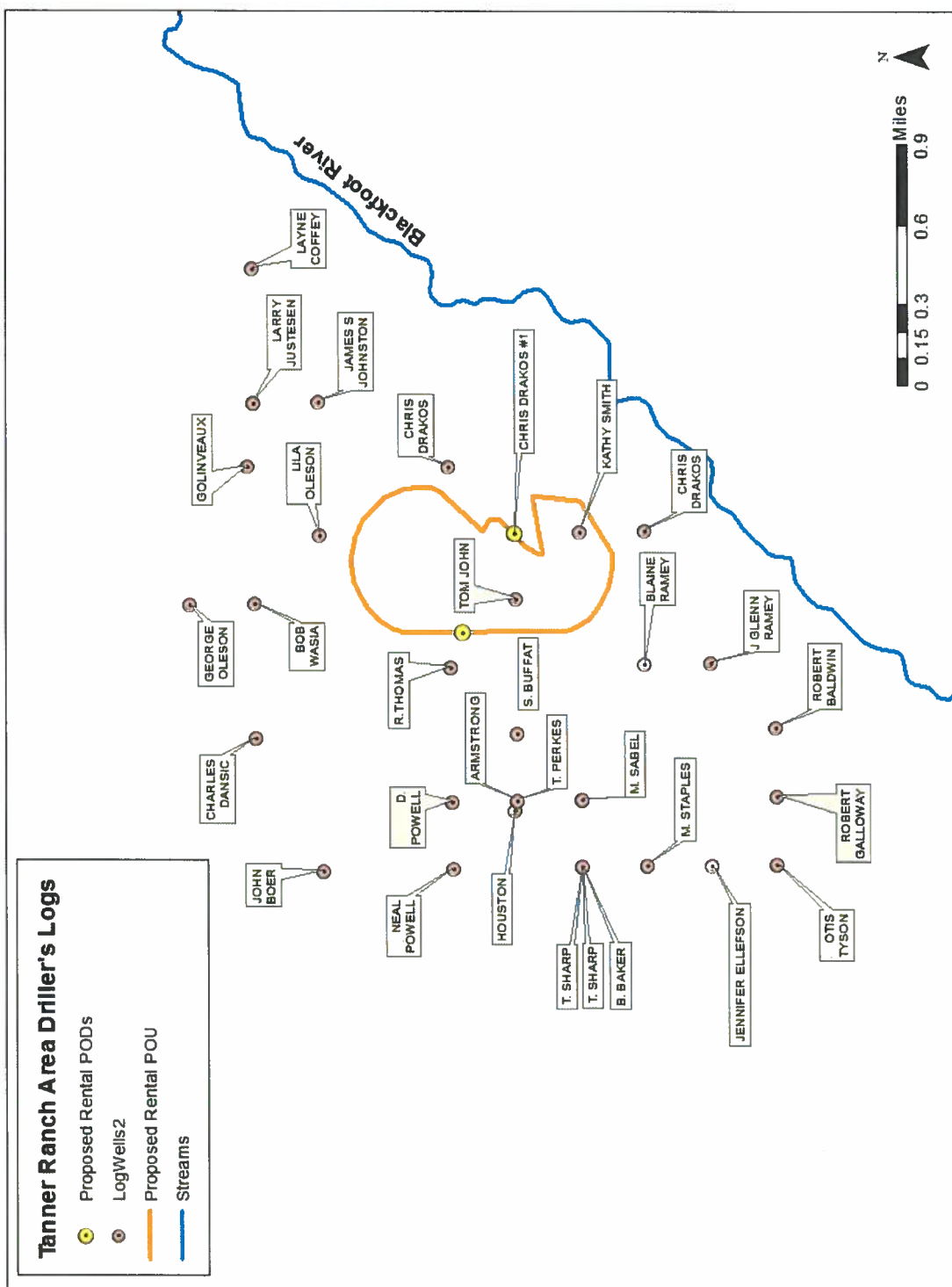


Figure A-1. Map illustrating the location of select well driller's logs. Some driller's logs from the area have been omitted facilitate illustration. Driller's logs that were omitted were from locations with multiple logs and from areas with redundant information.

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

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[illegible]

REPORT OF WELL DRILLER
State of Idaho

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APR 1 1969

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

WELL OWNER:

Name T & R Cattle Co

Address _____

Owner's Permit No. _____

NATURE OF WORK (check): Replacement well ☐

New well ☒ Deepened ☐ Abandoned ☐

Water is to be used for: Stock

METHOD OF CONSTRUCTION: Rotary ☐ Cable ☒

Dug ☐ Other _____

(explain)

CASING SCHEDULE: Threaded ☐ Welded ☒

6" Diam. from 0 ft. to 40 ft.

"Diam. from _____ ft. to _____ ft.

"Diam. from _____ ft. to _____ ft.

"Diam. from _____ ft. to _____ ft.

Thickness of casing: 250 Material:

Steel ☒ concrete ☐ wood ☐ other ☐

(explain)

PERFORATED? Yes ☐ No ☒ Type of perforator used: _____

Size of perforations: _____" by _____"

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

WAS SCREEN INSTALLED? Yes ☐ No ☒

Manufacturer's name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION: Well gravel packed? Yes ☐

No. ☐ size of gravel _____ Gravel

placed from _____ ft. to _____ ft. Surface seal

provided? Yes ☐ No ☐ To what depth?

_____ ft. Material used in seal: _____

Did any strata contain unusable water? Yes ☐

No. ☒ Type of water: _____

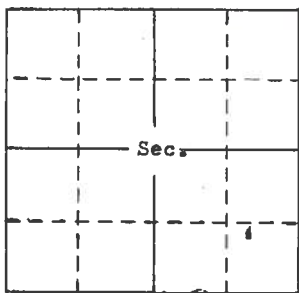
Depth of strata _____ ft. Method of sealing

strata off: _____

Surface casing used? Yes ☒ No. ☐

Cemented in place? Yes ☒ No ☐

Locate well in section



LOCATION OF WELL: County 2
SE 1/4 SE 1/4 Sec. 33 T. 2 N/S R. 36 E/W

Use other side for additional remarks

Size of drilled hole: 6" Total
depth of well: 40 Standing water
level below ground: 7 ft Temp.
Fahr. _____ ° Test delivery: _____ gpm
or _____ cfs Pump? ☐ Bail ☐
Size of pump and motor used to make test:

Length of time of test: _____ Hrs. Min.

Drawdown: _____ ft. Artesian pressure: ft.

above land surface _____ Give flow _____ cfs

or _____ gpm. Shutoff pressure:

Controlled by: Valve ☐ Cap ☐ Plug ☐

No control ☐ Does well leak around casing?

Yes ☐ No ☒

DEPTH MATERIAL 32411 WATER

FROM TO YES OR NO

FEET FEET

0 12 Blow Sand No

12 19 Tan Clay No

19 25 Sand Yes

25 40 Clean Gravel Yes

Work started: 3-27-69

Work finished: 3-28-69

Well Driller's Statement: This well was drilled under my supervision and this report is true to the best of my knowledge.

Name: LaMar N. Barrios

Address: Box 146 Basalt, Idaho

Signed by: LaMar N. Barrios

License No. 23 Date: _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Larry Justesen</u> Address <u>55 N. Spruce Blackfoot</u> Drilling Permit No. <u>27-96-E-0070-000</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>12'</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature _____ of. Quality _____ <small>Describe artesian or temperature zones below.</small>																																																										
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td style="text-align: center;"><u>50</u></td><td style="text-align: center;"><u>Air</u></td><td style="text-align: center;"><u>2</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>50</u>	<u>Air</u>	<u>2</u>																																																				
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">N</td><td colspan="2"></td></tr><tr><td style="text-align: center;">W</td><td style="text-align: center;">+</td><td style="text-align: center;">E</td></tr><tr><td colspan="3" style="text-align: center;">S</td></tr></table> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Bingham</u> <u>NE 1/4 NW 1/4</u> Sec. <u>26</u> T. <u>2</u> S. <u>R. 96</u> E. <u>4</u>	N			W	+	E	S			11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Finley Drilling</u> Firm No. <u>062</u> Address <u>285 Parson Blackfoot</u> <u>8-15-96</u> Signed by (Firm Official) <u>Burt Finley</u> and (Operator) <u>Burt Finley</u>																																																	
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WELL DRILLER'S REPORT 240 S. HOLMES

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

IDAHO FALLS, IDAHO 83401
clamation Engineer
the well.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____		1/4 _____	
Lat: _____		Long: _____	
<input checked="" type="checkbox"/> Air <input type="checkbox"/> Flowing Artesian			

 1. DRILLING PERMIT NO. 27 98 E - 0014 - 000
 Other IDWR No D-000-4633

2. OWNER:

 Name Charles Dansie
 Address 301 E. 200 N.
 City Blackfoot State ID Zip 83221

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

	Twp <u>2</u>	North <input type="checkbox"/> or South <input checked="" type="checkbox"/>
	Rge <u>36</u>	East <input checked="" type="checkbox"/> or West <input type="checkbox"/>
	Sec <u>27</u>	1/4 _____ 1/4 _____ 1/4 _____ 1/4 _____
	Gov I Lot _____	County <u>Bingham</u> ^{100 acres}
Lat: _____		Long: _____

Address of Well Site _____

City _____

(Give at least one of these - Distance to Road or Landmark)

Lt _____ Bk _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	1	20	4-Sacks	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 66Was drive shoe seal tested? ☐ Y ☒ N How? _____

8 CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	1	66	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft below ground Artesian pressure _____ lb
 Depth flow encountered 30' ft. Describe access port or control devices: Well Cap

11. WELL TESTS:

☐ Pump ☐ Bailor☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
25	2'	50'	1 Hour

Water Temp 48' Bottom hole temp 48'Water Quality test or comments: Not TestedDepth first Water Encountered 30

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	
				Y	N
8"	0	7	Sand & Dry Clay		X
	7	25	Sandy Small Gravel	X	
6"	25	35	Black Sandy Pea Gravel	X	
	35	55	Sandy Gravel	X	
	55	66	Sand & Gravel	X	

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JUN 29 1998

JUN 23 1998

MICROFILMED

Department of Water Resources

Department of Water Resources
Eastern Region

Aug 25 1998 66'

Completed Depth (Measurable)

Date: Started 5/4/98Completed 5/5/98

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed

Firm Name Jack Cushman Drilling, Inc. Firm No. #94Firm Official Bob Cushman Date 5/5/98

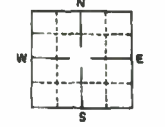
and

Supervisor or Operator Barry Morgan Date 5/5/98

(Sign once for Firm Official or Operator)

FORWARD WHITE COPY TO WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>James S Johnson & Chris Drake</u> Address <u>P.O. Box 698</u> Drilling Permit No. <u>27-94-E-020-000</u> Water Right Permit No. <u>27-7549</u>	7. WATER LEVEL Static water level <u>9'</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature <u>55</u> °F. Quality <u>Good</u> Describe artesian or temperature zones below.																																																																																																				
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4. METHOD DRILLED <input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other _____ (backhoe, hydraulic, etc.)	10. Work started <u>3/31/94</u> finished <u>Apr 4/28/94</u>																																																																																																				
5. WELL CONSTRUCTION Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ Thickness _____ Diameter _____ From _____ To _____ <u>375</u> inches <u>18</u> inches + <u>1.5</u> feet <u>160</u> feet _____ inches _____ feet _____ inches _____ feet Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation? <u>3/4</u> inches by <u>2</u> inches Number _____ From _____ To _____ <u>970</u> perforations <u>45</u> feet <u>142</u> feet _____ perforations _____ feet _____ perforations _____ feet Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer _____ Type _____ Top Packer or Headpipe <u>N/A</u> Bottom of Tailpipe <u>N/A</u> Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size <u>N/A</u> Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____ Placed from <u>N/A</u> feet to _____ feet Surface seal depth <u>20</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata Describe access port <u>2" PIPE</u>	11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were compiled with at the time the rig was removed. * Firm Name <u>Vollmer Well Drilling</u> Firm No. <u>383</u> <u>320 E. 4th St.</u> Address <u>P.O. Box 7 Aberdeen</u> Date <u>06/19/95</u> <u>ID 0340</u> Signed by Drilling Supervisor <u>[Signature]</u> and (Operator) <u>[Signature]</u> (If different than the Drilling Supervisor)																																																																																																				
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County _____ Address of Well Site _____ (give at least name of road) <u>SE</u> <u>1/4</u> <u>NW</u> <u>26</u> T. <u>3</u> N <input type="checkbox"/> or S <input checked="" type="checkbox"/> R. <u>36</u> E <input checked="" type="checkbox"/> or W <input type="checkbox"/>																																																																																																					

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER
Name BLAINE RAMEY
Address BOX 472 BLACKFOOT, IDAHO
Owner's Permit No. _____

7. WATER LEVEL
Static water level 8 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK
☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

3. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection _____

4. METHOD DRILLED
☒ Cable ☐ Rotary ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION
Diameter of hole 12 3/4 inches Total depth 80 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>250</u> inches	<u>12 3/4</u> inches	<u>1</u> feet	<u>80</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☒ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
<u>24</u> perforations	<u>44</u> feet	<u>48</u> feet
<u>40</u> perforations	<u>48</u> feet	<u>53</u> feet
<u>12</u> perforations	<u>58</u> feet	<u>50</u> feet
<u>32</u>	<u>72</u>	<u>80</u>

Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18' Material used in seal ☐ Cement grout ☒ Pudding clay ☐ Well cuttings
Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☐ Overbore to seal depth

6. LOCATION OF WELL
Sketch map location must agree with written location.
Subdivision Name _____
Lot No. _____ Block No. _____
County BINGHAM
NE 1/4 SW 1/4 Sec. 2 T. 2 N. R. 36 E.

8. WELL TEST DATA
☐ Pump ☒ Bailor ☐ Other _____

Discharge G.P.M.	Draw Down	Hours Pumped
<u>20</u>		<u>30 min.</u>

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>12 3/4</u>	<u>0</u>	<u>18</u>	<u>SAND & LITTLE CLAY</u>		<u>X</u>
	<u>18</u>	<u>24</u>	<u>SAND & SMALL GRAVEL</u>		<u>X</u>
	<u>24</u>	<u>26</u>	<u>LARGE GRAVEL & BLACK SAND</u>		<u>X</u>
	<u>26</u>	<u>42</u>	<u>SAND & FEA GRAVEL</u>		<u>X</u>
	<u>42</u>	<u>53</u>	<u>LARGE GRAVEL & SOME SAND</u>		<u>X</u>
	<u>53</u>	<u>58</u>	<u>SAND & GRAVEL</u>		<u>X</u>
	<u>58</u>	<u>65</u>	<u>SAND & FEA GRAVEL</u>		<u>X</u>
	<u>65</u>	<u>67</u>	<u>GRAVEL AND SOME CLAY</u>		<u>X</u>
	<u>67</u>	<u>72</u>	<u>SMALL GRAVEL & SAND</u>		<u>X</u>
	<u>72</u>	<u>77</u>	<u>GRAVEL & LITTLE CLAY & SAND</u>		<u>X</u>
	<u>77</u>	<u>80</u>	<u>SMALL GRAVEL & CLAY & SAND</u>		<u>X</u>

10.
Work started 04/30/75 finished 05/06/75

11. DRILLERS CERTIFICATION
Firm Name DOUG GUSHMAN DRILLING CO. Firm No. 22
Address 945 S. BROADWAY BLACKFOOT Date 06/20/75
Signed by (Firm Official) Doug Gushman
and Dennis Wambach (Operator)

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

State of Idaho
Department of Water Resources

RECEIVED

DEC 6 1976

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

~~Department of Water Resources~~
Eastern District Office

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

DECEIVED

JUN 16 1977

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

RT 6 Box 383
1785-1577STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR
BALLPOINT PENRECEIVED
SEP 22 1982

1. WELL OWNER Name <u>Bob WASIA</u> Address <u>TANNER LANE</u> Owner's Permit No. <u>Applied for</u>	7. WATER LEVEL Static water level <u>12'</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature _____ °F. Quality <u>Good</u>																																																																																		
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe method of abandoning) _____	8. WELL TEST DATA <input checked="" type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____ <table border="1"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>400</u></td> <td><u>125'</u></td> <td><u>3 hrs</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>400</u>	<u>125'</u>	<u>3 hrs</u>																																																																												
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IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat : : Long: : :

1. WELL TAG NO. D 0027770
DRILLING PERMIT NO. D0027770
Other IDWR No.

2. OWNER:

Name **GEORGE OLESON**
Address **360 E. 200 N.**
City **BLACKFOOT** State **ID** Zip **83221**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 2 North ☐ or South ☒
 Rge. 36 East ☒ or West ☐
 Sec. 22
 Gov't Lot _____
 Lat _____
 Address of Well Site SAME
 County BINGHAM Long: _____
 City BLACKFOOT
 (Give at least name of road + Distance to Road or Landmark)
 Lt. _____ Blk. _____ Sub. Name _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20			1-HOUR

Water Temp. 53 Bottom hole temp. 53

Water Quality test or comments: **NOT TESTED**

Depth first Water Encounter 20

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

RECEIVED

DEC 04 2003

Department of the Interior
Bureau of Reclamation

Completed Depth **80** (Measurable)

Date: Started **9/18/2003** Completed **9/18/2003**

13. DRILLER'S CERTIFICATION:

1/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name **JACK CUSHMAN DRILLING, INC.** Firm No. **94**

Firm Official Bob Cushman Date 9/18/2003

and
Driller or Operator Jerome Shumak Date 9/18/2003

(Sign once if Firm Official & Operator)

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:


10 ft. below ground Artesian pressure lb.
Depth flow encountered 70-75 ft. Describe access port or control
devices: WELL CAP

054433

Other IDWR No. _____

Name Greg Houston
Address East Tanner Lane
City Blackfoot State IN Zip 8322

Sketch map location must agree with written location.



Twp. 2 North ☐ or South ☒
 Rge. 36 East ☒ or West ☐
 Sec. 33 $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$
 Gov't Lot _____ $\frac{10}{100}$ acres _____ $\frac{40}{100}$ acres _____ $\frac{160}{100}$ acres _____
 County Bighorn
 Lat: _____ Long: _____
 Address of Well Site Tanner Lane /
Dunes Ranch II S City Blackfoot
 (Give at least name of road, distance to Road or Landmark)

[illegible]

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	5 sacks	annular

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☐ N How? _____

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	1/1	109	250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> MI

Length of Headpipe _____ Length of Tailpipe _____

Perforations	Method	Cut Knife
--------------	--------	-----------

Screens	Screen Type
---------	-------------

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
-65	-75		25	1/4	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Depth encountered _____ ft. below ground Artesian pressure _____ lb.
control devices: _____ ft. Describe access port or

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50 +			

Water Temp. Bottom hole temp.

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	12	Sand		X
8	12	20	sand & gravel	X	
6	20	85	sand & gravel	X	
6	85	98	Brown Clay	X	
6	98	109	Broken Grey Basalt & Sand	X	
6	109	117	Firm Grey Basalt		X
6	117	140	Brown Clay & Sand	X	

Filled to -90
with Bentonite

~~RECEIVED~~

~~OCT 12 1999~~

Department of Water Resources

~~RECEIVED~~

~~OCT 05 1999~~

~~Department of Water Resources~~
Eastern Region

☒ MICROFILMED

Completed Depth 90' (Measurable)
Date: Started 9/11/99 Completed 9/11/99

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Independent Drilling Firm No. 343

Firm Official [Signature] Date 11/1/00

Driller or Operator Neil Chin Date 10-7-99

(Sign once if Firm Official & Operator)

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____		Long: _____	

1. WELL TAG NO. **D0011449**

DRILLING PERMIT NO. **D0011449**

Other IDWR No. **27-99-E-0064**

2. OWNER:

Name **JOHN BOER**

Address **260 E. TANNER**

City **BLACKFOOT** State **ID** Zip **83221**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. 2		North <input type="checkbox"/> or South <input checked="" type="checkbox"/>		
W		E	Rge. 36	East <input checked="" type="checkbox"/> or West <input type="checkbox"/>	1/4	
			Sec. 28			SW 1/4
			Gov't Lot _____			
		County BINGHAM		100 acres		
		Lat _____		Long _____		
		Address of Well Site SAME				

(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK: check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES:

Seal/Filter Pack			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
BENTONITE	0	20	6 SACKS		OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	93	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☐ Perforations ☐ Screens Method _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground Artesian pressure _____ lb.
Depth flow encountered **20** ft. Describe access port or control devices: **WELL CAP**

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. **54** Bottom hole temp. _____

Water Quality test or comments: **NOT TESTED**

Depth first Water Encounter **20**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	N
8	0	5	SAND		
	5	15	WHITE CLAY		
	15	20	SAND		
6	20	50	SANDY SMALL GRAVEL	X	
	50	60	SAND & GRAVEL	X	
	60	65	SAND	X	
	65	70	SANDY SMALL GRAVEL	X	
	70	93	SAND & GRAVEL	X	
	93	97	BIG CINDERS		
	97	100	BASALT		
	100	108	BASALT & SOME CINDERS	X	
	108	110	RED CHALK		

RECEIVED

FEB 18 2000

Department of Water Resources

RECEIVED

JAN 07 2000

Department of Water Resources
Eastern Region

Completed Depth **110** (Measurable)

Date: Started **10/19/99** Completed **10/20/99**

13. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name **JACK CUSHMAN DRILLING, INC.** Firm No. **94**

Firm Official **Bob Cushman** Date **12/29/99**

and Driller or Operator **Burton Mayes** Date **12/29/99**
(Sign only if Firm Official & Operator)

* Signature of Principal Driller and rig operator are required.